Substitute form 1449/PTO							Complete if Known					
							Application Number	Ur	known		. S.	
INFORMATION DISCLOSURE							Filing Date	Не	erewith	7 12		
STATEMENT BY APPLICANT						First Named Inventor	Vi	ckie Lynn I	r, et al.			
STATEMENT DI AFFEIGANT							Group Art Unit	Ur	Unknown			
							Examiner Name	Ur	known			
Sheet	1	1 of			1		Attorney Docket Number	Τι	JC920010	1		
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Examiner								Date)	<u> </u>		
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.